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SDNY PRO SE OFFICE

2023 JUN -2 PM 3:55 UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UMAR ALLI

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

ESU Officer Palmer, City of New York,

ET, AL

Do you want a jury trial?

☒ Yes ☐ No

(SEE ATTACHED COVER PAGE)

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UMAR ALLI

PLAINTIFF,

VS.

4/2 U.S.C 1983
Complaint

ESU PALMER,
John DOE ESU officers of
July 29th 2020 USE OF force,
WARDEN OF MDC John DOE,
John DOE Probe Team Officers
1 through 9 On July 31st 2020
USE OF force, ESU Captain Alexis,
John DOE MDC INTAKE Captain And
Deputy warden on July 31st 2020

Jury Trial
DEMANDED

EACH SUED IN THEIR
INDIVIDUAL AND OFFICIAL CAPACITY

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Umar		ALLI
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

22B2174 (ATTICA CORRECTIONAL FACILITY)

Current Place of Detention

639 Exchange St

Institutional Address

ATTICA	NY	14011
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

All Defendants are NYDOC Employees OR Prior Employees

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

SEE ATTACHED
Exhibit 1 Statement
from detainee Dave Johnson

V. STATEMENT OF CLAIM

Place(s) of occurrence: Manhattan Detention Complex

Date(s) of occurrence: July 29th 2020, July 31th 2020 and
on going

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Pro se Plaintiff hereby intends to sue each defendant in their individual and official capacity and to sue the known and John Doe defendants that were employed in stated positions during the times pertinent hereto. At all times relevant hereto Plaintiff was a pretrial detainee and protected by the 14th Amendment and the right to be free from unnecessary and unwanted pain and uses of force. Also the right to be free from sexual assault and the denial or delay of adequate medical care. The actions complained herein arose on or about July 29th 2020 and July 31 2020 then subsequently continuing to take place. The 3 Year federal Statute of limitation deems this complaint timely and any amendments shall relate back thus rendering this action timely. Also each defendant was placed on notice of Plaintiff's intentions to file suit threw Personal Injury claim forms, Notice of intentions, 311 calls and request of Preservation of Video Footage, Of Each incident.

On July 29th 2020 while confined at MDC 9 South Plaintiff was assaulted physically and sexually by ESO officer Plamer and other ESO John Doe officers. After being assaulted and having his buttocks reviled and touched, ESO officers then made Plaintiff walk barefooted with cuffs extremely tight on hands and legs to degrade harass and intentionally inflict pain. Furthermore medical staff seen after this use of force refused to document all my injuries. In attempt to aid and abet in corruption. ON July 31 2020 Plaintiff was subjected to unlawful cell extraction, No Clearance was received by mental health despite Plaintiff having Mental disorders. During said cell extraction Plaintiff was subjected to excessive force

Plaintiff initially resisted during the cell extraction yet immediately complied once outside his cell and on floor. Despite Plaintiff actively voicing to the John Doe Probe team officers of July 31 2020 that he was not resisting and was experiencing extreme pain, Officers of July 31

continued to use excessive force thus resulting in a shoulder dislocation. It can be seen and heard on hand held video that Plaintiff was not resisting and the John Doe defendants force was solely to harm and punish. Plaintiff medical treatment was then delayed for 8 hours while he was forced to endure pain of visibly seen injury of shoulder dislocation inside MDC Main Intake Pen while all officers and deputies and Captains ignored and ridiculed Plaintiff due to his inability to lift arm that was dislocated. Facility's intentional failure to promptly transfer to hospital was with evil intent.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Collectively conspired to deprive and or delay medical care and treatment that was needed by hospital staff. Furthermore throughout July 31 2020 until May 2022 Plaintiff was denied adequate medical care and rehabilitation services for shoulder dislocation despite over 30 grievances and request for medical assistance. Plaintiff's MRI report of shoulder determined multiple life changing and permanent injuries, including but not limited to shoulder dislocation and Anterior Shoulder Instability.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

~~Money~~ Money damages, Punitive damages for the TOTAL OF 3 million.

Damages for each Constitutional Violation rose 1 million,

Denial of Delay of Pretrial detainee medical 1 million.

ANY Defendant whom fails to answer 1 million dollars, Pain and Suffering 2 million, Mental anguish 1 million,

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS


By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

May 28 2023		
Dated	Plaintiff's Signature	
Umar	ATTICA	
First Name	Middle Initial	Last Name
ATTICA CORRECTIONAL FACILITY 639 Exchange Street		
Prison Address		
ATTICA NEW YORK		1404
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: May 29 2023



CORRECTION DEPARTMENT CITY OF NEW YORK



INMATE VOLUNTARY STATEMENT FORM

 Form: IVS-1
Eff.: 1/24/19

Inmate's Name:

Dave Johnson Jr.

Date:

8/1/2020

Book and Case Number:

3492001000

Date of Birth:

07/24/97

Age:

23

Housing Area:

9South

I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such. Additionally, you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.

Yesterday I witnessed

Umar Ali, being extracted & while the probe team was restraining him they used excessive force & he was screaming that he wasn't resisting & that they were hurting him resulting in the end with his arm or shoulder being broken.

Inmate's Signature:

Dave Johnson Jr.

Date:

8/1/20

Witness by (print name):

Witness Signature:

Rank:

Shield Number:

ATTICA CORRECTIONAL FACILITY
BOX 149
ATTICA, NEW YORK 14011-0149

NAME: Umar Aul

DIN:

2262174
SDNY



ATTICA CORRECTIONAL FACILITY

PRO SE CLERK
SOUTHERN DISTRICT OF NEW YORK
UNITED STATES DISTRICT COURT
500 PEARL ST.
NEW YORK NY 10007

2023 JUN 14 PM 3:00

Legal mail



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NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OFFENDER CORRESPONDENCE PROGRAM

NAME: Umar Aul DIN: 2262174